# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jun 12, 2007**
**Secretary of State**

DOCUMENT# L68342

**Entity Name:** AMERICARE HEALTH SYSTEMS, INC.

**Current Principal Place of Business:**

181 LINKSIDE CIR
PONTE VEDRA BEACH, FL 32082 US

**New Principal Place of Business:**

1823 3RD STREET NORTH
JACKSONVILLE BEACH, FL 32250 US

**Current Mailing Address:**

181 LINKSIDE CIR
PONTE VEDRA BEACH, FL 32082 US

**New Mailing Address:**

P.O. BOX 51582
JACKSONVILLE BEACH, FL 32240 US

**FEI Number: 59-3003851** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HARVEY, MICHAEL L ESQ
1122 THIRD ST, SUITE 3
NEPTUNE BEACH, FL 32266 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete
Name: WRIGHT, ARTHUR, JR. M
Address: 409 IPSWICH AVENUE
City-St-Zip: ALTAMONTE SPRINGS, FL

Title: VSD ( ) Delete
Name: SHEPHARD, JEFFREY J
Address: 684 TUSCORA DR
City-St-Zip: WINTER SPRINGS, FL 32708

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PTD (X) Change ( ) Addition
Name: WALT, THOMAS C
Address: 181 LINKSIDE CIRCLE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VSD (X) Change ( ) Addition
Name: LUMAN, CYNTHIA
Address: 181 LINKSIDE CIRCLE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS C. WALT P 06/12/2007
Electronic Signature of Signing Officer or Director Date